# L09000022430

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APR - 1 2013 **T. HAMPTON** 

TO:

**Registration Section Division of Corporations** 

# All States Van Lines LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vita Shteyn		
Name of Person		
All States Van Lines LLC		
Firm/Company		
236 Whitman Drive		
Address		
Brooklyn NY 11234		
City/State and Zip Code		
michael@asvlines.com		
E-mail address: (to be used for future annual report notification)		
cerning this matter, please call:		

For further information con

Vita Shteyn

917 418-5118

Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All States Van Lines LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on March 6th 2009	and assigned
Florida document number L09000022430		
This amendment is submitted to amend the following:		2014 HA
A. If amending name, enter the new name of the limited liab	ility company here:	
Inter Movers LLC		69 28 <u></u>
The new name must be distinguishable and end with the words "Limited Liab	rility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		S. S.
(Principal office address MUST BE A STREET ADDRESS)		<b>10 2</b>
Enter new mailing address, if applicable:  (Mailing address MAY RE A POST OFFICE ROY)	236 Whitman Drive Brooklyn NY 11234	
(Mailing address MAY BE A POST OFFICE BOX)	Brooklyn NY 11234	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** \_□ Add □ Remove

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If amending any other information, enter change(s) here: (Attach ad	autional sheets, if necessary.)
Effective date, if other than the date of filing:  [The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
Dated March 27	
Vita Shteyn	
Typed or printed name of sign	ec

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Filing Fee: \$25.00

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